

**REQUEST FOR PROPOSAL (RFP)**

**For: MEMORY CARE CONNECTIONS PROJECT**

**RGA # FHEG020**

**Issued by:  
STATE OF WISCONSIN  
DEPARTMENT OF HEALTH AND FAMILY SERVICES  
DIVISION OF DISABILITY AND ELDER SERVICES  
BUREAU OF AGING AND LONG TERM CARE RESOURCES**

**Proposals must be submitted  
no later than 4 PM CT  
April 22, 2005**

**For further information regarding this  
RFP contact Cathy Kehoe at 608-267-2439  
or Donna McDowell 608-266-3840**

**LATE PROPOSALS WILL BE REJECTED**

**TIMELINE FOR RFP ENTITLED  
Wisconsin Memory Care Connections**

- ( 2-21-05) Anticipated mailing date of RFP
- ( 4-22-05)\* Due date for Applications/Proposals
- ( 4-27-05) Proposals sent to Evaluation Panel Members
- ( 5-9-05) Evaluation Materials due
- ( 5-19-05) Final Award Decision to Administrator
- ( 5-20-05) Final Award Letters mailed
- (5-23-05)\* Public Inspection of Proposals
- ( 5-31-05) Final date for Appeals
- ( 6-1-05) Contract(s) Mailed

**\* Dates included in the RFP**

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## PART I

### I. GENERAL INFORMATION

#### INTRODUCTION AND BACKGROUND

The purpose of this document is to provide interested parties with information to enable them to prepare and submit a proposal for **The Wisconsin Memory Care Connections Project**. The Division of Disability and Elder Services intends to use the results of this process to award three to four grants for the purpose of demonstrating models of local

collaboration aligning services for persons with Alzheimer's disease provided by: dementia diagnostic clinics, Aging and Disability Resource Centers, Alzheimer's Association Chapters, county agencies administering community care programs, and dementia service providers.

In the Wisconsin public health plan *Healthiest Wisconsin 2010*, Alzheimer's disease (AD) appears in the highest quadrant of adverse health conditions because of its magnitude and severity. Population projections are so alarming that the future numbers of persons with AD and other dementia is rightfully described as epidemic. Evidence increasingly supports the need for early diagnosis of AD in order to take advantage of new medications, and to provide information to the individuals and family members about how to live with this disease. The costs of long-term care for the population with AD quickly become unaffordable for families, while government budgets are unlikely to meet future demand for institutional care. Spouses and other family members are vital to the quality and adequacy of care for persons with dementia. However, inadequate support and services render family caregiving unsustainable. Finally, medical providers who provide diagnostic services are generally unaware of the supportive services and resources that exist in each community, and community providers may not have the expertise to adequately address the unique needs of this population. The State of Wisconsin is seeking partners to demonstrate how local health and social service organizations can form collaborative partnerships to develop effective systems of care for persons with dementia and their families.

Applicants are required to describe how they intend to establish an interagency network that assists persons who may have dementia and their family members. Applicants will propose how a formally established network, using contracts or memoranda of understanding, will bring together the expertise and resources of county aging units/ or aging and disability resource centers, county long-term support agencies, clinical dementia diagnostic experts, members of the Alzheimer's Association, caregiver support programs and dementia care providers.

One outcome of the project must be identification of people in early stage dementia and making connections for them to diagnostic, counseling and dementia care resources. A second outcome is establishment of effective multi-disciplinary teams or collaborations drawn from the network of participating organizations, to coordinate resources for persons served in this project. A third outcome is to sustain family caregivers and improve their quality of life by providing respite and other family-centered services. The project provides partial funding for a local social worker, nurse or allied health professional in each county or service area to link consumers with the dementia diagnostic and service network, and also provides limited funding for respite services.

**Project Goal: Provide to individuals and families affected by Alzheimer's disease and related dementia the information, medical diagnosis and management, caregiver support and services to achieve quality of life, through closely connected local dementia services networks called Memory Care Connections.**

Memory Care Connections will mobilize the distinct strengths and assets of the county social services, aging and public health agencies; the University of Wisconsin Alzheimer's Institute; the dementia diagnostic clinics operated by health care providers; the voluntary sector serving families of people with dementia, and families themselves, to address the disease assertively.

The benefits of forming a Memory Care Connection will help to overcome current barriers between systems for family caregivers and people with memory concerns, while providing opportunities to assimilate proven models of successful practice.

Specifically, counties/tribes or regions will have the opportunity to provide access to memory assessment as part of the long term care functional screen, improve person-centered outcome based care planning, increase and utilize respite care funding more effectively and provide opportunities for consumers to learn about memory care and dementia prevention. Two additional opportunities include the ability to incorporate the latest research into family caregiver support programs, and the implementation of a dementia service bank model which can foster the development of a provider network and additional respite service resources. Successful models should be replicable in other locations.

The project activities will be carried out in two components, **Network activities** and **direct services**, and funds will be allocated for each component separately.

**Network Activities** – Projects will receive specific funding for the proposed multi-disciplinary collaboration between project partners, provide community outreach and fund activities not encompassed in direct services. Examples include the funding of a professional staff person to coordinate a multi-disciplinary team across community agencies, in order to connect the resources of a dementia diagnostic clinic and the community-based services for people with Alzheimer's Disease and families.

**Direct Services** – Projects are required to purchase or provide direct services to persons with dementia and their caregivers with a predetermined portion of the funding. These services may include: home health care, personal care, adult day care, companion services, short-term respite care in health facilities, and other respite care to individuals with Alzheimer's disease or related disorders who are living in the community. Funds can be used for caregiver counseling or education, provided that it is a concurrent respite opportunity for the caregiver.

### **Federal Funding**

This project will be funded by the 2004 grant awarded to Wisconsin's Department of Health and Family Services (DHFS) from the Federal Administration on Aging (AoA) Alzheimer's Disease Demonstration Grant to States (ADDGS). This is Wisconsin's second ADDGS grant.\* Projects from the previous grant period included the development of a model dementia service bank for respite care, outreach programs to minority communities, training and technical assistance to county care managers and



development of a Dementia Quality of Life Outcomes Care Planning Tool for service providers. These products will be available to grantees of the Memory Care Connections grant. Successful applicants will demonstrate how other local resources will be coordinated with the grant funds (for example, National Family Caregiver Support Program funding and Alzheimer Family Caregiver support program funding.)

#### **1.0 AVAILABLE FUNDS and RESOURCES**

A total of \$350,079 is available to make three to four local county or regional project grant awards, per year, under this RFP. The \$350,079 is divided into the following two project categories.

- 1) \$244,292 is available to fund **direct services** for caregiver support and respite for local county/tribal/regional projects (\$60,000 – \$80,000 each).
- 2) \$105,787 will be available to fund **network activities** in local county/tribal/regional projects (\$25,00 to \$40,00 each) including the funding of a part-time coordinator, community outreach, training, public awareness, consultant time, early screening activities, etc.

Applicants may apply for a maximum amount of up to \$40,000 for project activities and \$80,000 for caregiver support services for the first year of the project. Funding may continue at that level for two additional years, contingent on continued federal funding.

Funds awarded under this solicitation will **be for the period of May 1,2005 through April 30, 2006.**

**Other Resources:**

In addition to funding, projects will have ongoing support, technical assistance and training from the Department of Health and Family Services staff, including the Alzheimer's Service Developer. The University of Wisconsin Medical School's Alzheimer's Institute (WAI) is a partner in this project and will provide technical assistance and training for organizations in the network and physicians to conduct a 60-second verbal fluency memory screening.

**1.1 ISSUING AGENCY**

This RFP is issued for the State of Wisconsin by the Division of Disability and Elder Services. The Division is the sole point of contact for the State of Wisconsin during the selection process.

**1.2 PROJECT GOALS**

**Goal:** Provide to individuals and families affected by Alzheimer's disease the information, medical diagnosis and management, caregiver support and services to achieve quality of life, through closely connected local dementia services networks called Memory Care Connections.

**Objectives:**

1. Increase early identification and treatment of persons with Alzheimer's disease and related dementia.
2. Improve access for people affected by dementia to appropriate medical intervention and services.
3. Demonstrate how Aging and Disability Resource Centers or County Aging Units can incorporate cognitive screening and referral to dementia care resources.
4. Provide consistent access, support and continuity of services for family caregivers through a system with "no wrong doors."
5. Establish a common framework for providing person-centered care and achieving individual outcomes of quality of life.
6. Prevent or delay admissions to nursing homes for dementia care.

**1.3 PROJECT DESIGN**

The Wisconsin Department of Health and Family Services will fund three to five projects in single or multi-county regions to support the development of closely knit dementia care networks, called **Memory Care Connections**.

The Memory Care Connection will demonstrate a system of dementia care in each county or region that is characterized by formal collaborations, appropriate inter-disciplinary referrals and follow-up, and cooperative efforts to maximize local resources. Its purpose is to enable people affected by Alzheimer's disease and related dementia to get timely diagnosis, treatment, person-centered supportive services, and caregiver support to achieve individual quality of life outcomes. The success of this project will demonstrate the value of early identification and treatment, and a focus on quality of life, providing hope to families and individuals.

A Memory Care Connection network will be comprised of a lead agency with project partners who function as a collaborative, interdisciplinary team for persons with dementia and their caregivers. Consumers will access all services in the network through a concept of “no wrong doors”, meaning that no matter which partner agency the consumer contacts first, s/he will be connected to the full network. The services offered through the Memory Care Connection network **must** include:

- Community outreach to inform the public of the project and recruit consumers
- Preliminary screening for memory problems using the 60 second verbal fluency screen
- Referral to appropriate follow-up (e.g., diagnostic services, information on prevention to “maintain your brain”, caregiver support, etc.)
- Dementia diagnostic work-up done by a dementia diagnostic clinic affiliated with WAI.
- A specific program for caregiver counseling and/or education
- Provision of respite services by dementia-capable providers (including adult day care, supportive home care, companion care, over night care in a facility, or other respite.)

Optional service opportunities:

- Inter-network collaboration between project partners using the “dementia quality of life outcomes care planning tool” developed by DHFS.
- Receive technical assistance to implement a **model for caregiver support** and/or education based on National Institutes of Health Resources for Enhancing Alzheimer’s Caregiver Health (REACH) research. These include models for telephone counseling, home-environmental skill building and others.
- Development of a **dementia service bank** to coordinate respite care service delivery.

Memory Care Connection Agencies:

The lead agency, and grantee for the “Memory Care Connections Dementia Care Network” will be the county aging unit, aging and disability resource center or aging resource center. Lead agencies will be required to partner with other required agencies through memos of understanding, working agreements and protocols. Project partners that are **required** to form a Memory Care Connections network include:

- An Aging Resource Center (ARC) or Aging and Disability Resource Center (ADRC) or Aging Unit (AU)
- Community Options Program Waiver (COP-W) care management agency **or** Family Care Care Management Organization (CMO)
- Dementia Diagnostic Clinic(s) affiliated with UW Alzheimer’s Institute
- Alzheimer’s Association Chapter
- **Selected** “dementia capable” providers of home and community based respite services including adult day care, home health or personal care, companion care, overnight care in a facility, and other respite.
- Agencies administering the federal National Family Caregiver Support Program (NFCSP) and the state Alzheimer’s Family Caregiver Support Program (AFCSP).

## 1.4 DEFINITIONS

The following definitions are used through the RFP.

**Aging and Disability Resource Centers** – means a county or multi-county agency funded in part by DHFS to provide to the public information and assistance, long-term care options counseling, functional and financial eligibility for long-term care funded by Medicaid, services of benefit specialists for the elderly or persons with disabilities, and other purposes specified in state statute. (s. 46.283)

**Aging Unit** – means a county agency responsible for providing Older Americans Act services to persons over age 60 regardless of income, including information and assistance, benefits counseling, nutrition, NFCSP, and other services specified in federal and state statutes. (42 U.S.C. chapter 35; s. 46.82)

**Alzheimer's Family Caregiver Support Program** – means the state funded program administered by county government to provide services and assistance to individuals with Alzheimer's Disease or other irreversible dementia and to their caregiving relatives, including respite care, day care and in home or residential care as specified in state statute. (s. 46.87)

**Alzheimer's Association** - means a local chapter of the Wisconsin branch of the National Alzheimer's Association.

**Bureau** - means Bureau of Aging and Long-Term Care Resources.

**Community Options Program (Waiver)** – means the county-administered home and community based services program, funded with state and federal Medicaid funding, that serves low-income elders and individuals with disabilities that would otherwise qualify for nursing home care, through a variety of professional, unskilled and environmental supports and services as specified in state statute. (s. 46.27)

**Dementia Service Bank** - means a voluntary consortium of service providers that prospectively donates or reduces the cost of a specified number of hours of services to individuals with dementia or their caregivers that are in urgent need of service or support but are unable to obtain publicly funded program benefits and cannot afford the cost of such services.

**Dementia Capable Provider** – means a service provider that has staff trained and supervised to deliver appropriate services in an appropriate manner to persons who have dementia, such that the symptoms associated with memory loss are mitigated and quality of life is improved for the individual and their care giver.

**Dementia Diagnostic Clinic** – means a health care provider that provides diagnostic services by a physician and nurse (or social worker) team to ascertain whether an individual has Alzheimer's or other irreversible dementia, using the most current protocols, with access to technical assistance and training provided by a university-

based center of excellence in dementia care. (In Wisconsin, dementia diagnostic clinics certified by the Wisconsin Alzheimer's Institute qualify for this designation.)

**Department** – means the Wisconsin Department of Health and Family Services (DHFS)

**Division** - means Division of Disability and Elder Services (DDES).

**Family Care** - means an integrated managed long-term care program operated by five Wisconsin counties to provide a full range of home and community-based and institutional services for low-income persons who are elderly or have disabilities that require the level of skilled care traditionally provided in nursing homes, as specified in state statute. Family Care provides all of the services of the Community Options Program waiver as well as long-term care services funded by Medicaid (such as home health and nursing home care) in a single, integrated benefit managed by an interdisciplinary team. (s. 46.286)

**Grant Recipients** - means vendor/applicant awarded funds for direct benefit of the community. Grant recipients may subcontract for all or part of their activities with qualified partners identified in the application.

**Home and community based services (HCBS) waiver** – means federally authorized programs using Medicaid dollars to provide a range of services to persons who otherwise would qualify for nursing home care. The Wisconsin waiver for elderly people or persons with physical disabilities (including dementia) under age 65 is known as the Community Options Program waiver. (s. 46.27)

**Long Term Support Agency** – means the county agency responsible for administering the Community Options Program waiver, and may also administer the AFCSP.

**National Family Caregiver Support Program** - means the federal program funded through the Older Americans Act that provides service and support to the family caregivers of elderly people. The NFCSP is administered by the county aging unit.

**Proposal** - means response to RFP.

**State** - means State of Wisconsin.

**Vendor** - means an applicant organization submitting a proposal in response to this RFP.

**Verbal Fluency Screen (VFS)** – means 60 second diagnostic tool to screen for persons who need a diagnostic referral to a qualified specialist.

## **1.5 WHO MAY SUBMIT A PROPOSAL**

Any Wisconsin County Aging Unit/Tribal Aging Unit, Family Care Aging and Disability Resource Center or County Aging Resource Center or a regional consortium formed by two or more County/Tribal Aging Units/Resource Centers

is eligible to apply providing that they can demonstrate partnerships with the required project partners. An Area Agency on Aging may submit an application on behalf of qualified county partners.

## **II. SPECIAL PROGRAM REQUIREMENTS**

- 2.0** Applicants may apply for an amount of funds up to a maximum award of \$120,000 for the period of May 1, 2005 through April 30, 2006. Based upon satisfactory performance and availability of funds, applicants receiving an award under this RFP will be eligible to apply for a one-year continuation of their project in each of two years following the grant, for a total of three years. Grant recipients receiving awards will be mandated to meet all requirements of this RFP.
- 2.1** Agencies requesting funds must demonstrate agency linkage with partner organizations in the Memory Care Connection through letters of support and a plan for collaboration. Partner organizations will be required to have memos of understanding, working agreements and protocols with each other and the lead agency, and function as an interdisciplinary team for persons served in this project. Required project partners include:
- County/Tribal Aging Programs
  - Community Options Programs for elders and people with physical disabilities or an Aging and Disability Resource Center
  - Alzheimer's Association Chapter
  - WAI affiliated Dementia Diagnostic Clinic
  - Dementia capable providers of respite care services
  - Alzheimer's Family Caregiver Support Program (AFCSP)
  - National Family Caregiver Support Program (NFCSP)
- 2.2** Services offered in this project must include a specific program for caregiver support that offers counseling and/or education. There will be an opportunity for grantees to utilize information from the National Institutes of Health Resources for Enhancing Alzheimer's Caregiver Health (REACH) Program and other researched models to design new programs if desired.
- 2.3** Money awarded for the **direct service** portion of the grant can only be used for the following services: home health care, personal care, day care, companion services, short-term respite care in health facilities, and other respite care to individuals with Alzheimer's disease or related disorders who are living in the community. (People who live in an institutional setting such as a nursing home are not eligible). These funds can be used for caregiver counseling or education, provided that it is a respite opportunity for the caregiver, while the person with dementia is cared for by someone other than the caregiver during that time.

- 2.4** The target population for the grant must include special outreach efforts toward at least one minority population or other people who are under-served by public and private programs in the county or area because of their income, culture or language, geographic isolation, barriers to services (e.g., waiting lists, lack of providers). Examples include: African-American, Native American, Hmong, Hispanic elders; low-income elders with dementia who are not functionally eligible for waivers; elders who are slightly above income eligibility for public programs; persons at risk of institutional placement, or persons leaving nursing homes.
- 2.5** Counties/tribes or regions will be strongly encouraged to combine, consolidate and compliment funding and activities from the NFCSP, AFCSP and other pertinent funding to maximize the **network** activities.
- 2.6** **Dementia Quality of Life Outcomes Care Planning Tool** - All of the partners in the Memory Care Connection networks will receive training in the effective use of this tool for care planning as well as for outcome-based contracting and quality assurance. The tool can provide a common language and value set for communication across disciplines and agencies.
- 2.7** Selected professionals in the ADRC or COP agency who perform functional screens and assessments will be trained to use the Verbal Fluency Screen (VFS).

### **III. GENERAL PROGRAM REQUIREMENTS**

The following items are required to assure the continuation of funds. These requirements will form part of the contract awarding these funds. Failure to comply with these requirements can result in disallowances and/or termination of the agreement for funds.

#### **3.0 ACCEPTANCE OF PROPOSAL CONTENT**

Grant recipients receiving awards will be mandated to meet all requirements of this RFP.

#### **3.1 ALLOWABLE COSTS**

A grant recipient will be required to comply with the Department of Health and Family Services Allowable Cost Policy Manual.

#### **3.2 CAPITAL EQUIPMENT**

Funds may be used to purchase capital equipment with prior written approval from the Division. Capital equipment costs are defined as all costs associated with the acquisition of assets having a value in excess of \$5,000, and a useful life in excess of one year. Funds can be used to purchase/rent supplies such as adaptive and communication equipment, and make housing modifications.

#### **3.3 SALARIES**

Funds awarded shall be in addition to, not in place of, funds already used for services to persons with Alzheimer's Disease and their family caregivers. Funds may be used to pay for a person currently employed by one of the partner organizations in order to carry out the work of coordinating this project, as long as the total local financial effort for persons with AD is maintained. For example, a nurse who has been providing services to a different population or program can be paid with grant funds to carry out the new work of this project. Funds cannot supplant other dollars already supporting Alzheimer's programs.

#### **3.4 REPORTS**

Reports of both programmatic and fiscal activity will be required for the purpose of documenting the satisfactory meeting of project objectives, in accordance with the application. Reporting requirements will be specified in the agreement between the successful applicant/vendor and the Division. Failure of the successful grantee/vendor to accept these obligations may result in cancellation of the award, or make the grantee ineligible for funding in the second and third years of the project.

The grantee shall, at the option of the Division, appear before DHFS administrators to clarify findings and to answer any questions at any time during the grant agreement or after the grant agreement is completed.



### **3.5 NEWS RELEASES**

News releases pertaining to this award or any part of the proposal shall not be made without the prior written approval of the Division.

Copies of any news releases regarding this grant during the contract year(s) will be submitted to the Division.

### **3.6 LEGAL SERVICES**

Grant funds cannot be used to provide legal advice to the recipients, or to support any legal actions taken against the federal or state government.

### **3.7 EMPLOYMENT**

The vendor will not engage the services of any person or persons now employed by the state, including any department, commission or board thereof, to provide services relating to this agreement without the written consent of the employer of such person or persons and of the Division.

### **3.8 SUBCONTRACTING**

The applicant's subcontractors should each be clearly explained and costed out separately in the application. However, the primary contractor will be responsible for contract performance whether or not subcontractors are used.

### **3.9 TERMINATION OF AGREEMENT**

The Division may terminate this agreement at any time at its sole discretion by delivering thirty (30) days written notice to the grant recipient. Upon termination, the Division's liability will be limited to the pro rata cost of the services performed as of the date of termination plus expenses incurred within the prior written approval of the Division. In the event that the grant recipient terminates this agreement, for any reason whatsoever, it will refund to the Division within fourteen (14) days of said termination, all payment made hereunder by the Division to the grant recipient for work not completed. Such termination will require written notice to that effect to be delivered by the grant recipient to the Division not less than thirty (30) days prior to said termination.

### **3.10 INCURRING COSTS**

The State of Wisconsin is not liable for any cost incurred by vendors in replying to this RFP.

### **3.11 WAIVER OF TECHNICALITIES**

The RFP Evaluation Committee reserves the right to accept or reject any or all responses to the RFP and waive minor technicalities. The determination of whether an RFP condition is substantive or a mere technicality shall reside solely with the RFP Evaluation Committee.

### **3.12 AFFIRMATIVE ACTION**

Successful proposers who are awarded contracts of twenty five thousand dollars (\$25,000) or more shall have included in their contracts the following clause:

"A written affirmative action plan is required as a condition for the successful performance of the contract. Excluded from this requirement are grant recipients whose annual work force amount to less than twenty five employees. The affirmative action plan shall be submitted to the state agency within fifteen (15) working days after the award of the contract."

**3.13 REASONABLE ACCOMMODATIONS**

The Department will provide reasonable accommodations, including the provision of informational material in alternative format, for qualified individuals with disabilities. For special needs contact Monica Smith 608-266-2536

**3.14 NON-DISCRIMINATION AGAINST EMPLOYEES OR APPLICANTS FOR EMPLOYMENT**

In connection with the performance of work under this contract, the grant recipient agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, marital status, physical condition, arrest or conviction record, developmental disability as defined in s. 51.01 (5), sexual orientation or national origin.

This provision shall include, but not be limited to the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. Except with respect to sexual orientation, the grant recipient further agrees to take affirmative action to ensure equal employment opportunities.

The grant recipient agrees to post in conspicuous places, available for employees and applicants for employment, notice to be provided by the contracting officer setting forth the provisions of the nondiscrimination clause.

**3.15 TERMS AND CONDITIONS**

Proposers must read the Standard Terms and Conditions Form (DOA-3054) and must agree to the terms and conditions contained therein.

**IV. CLARIFICATION AND/OR REVISIONS TO SPECIFICATIONS AND REQUIREMENTS NOTICE OF INTENT TO APPLY**

**4.0 CLARIFICATION AND/OR REVISIONS TO SPECIFICATIONS AND REQUIREMENTS**

Any questions concerning this RFP should be addressed, either in writing or by telephone request, on or before (March 30, 2005) to:

RFP Manager Donna McDowell  
DDES  
P.O Box 7851  
MADISON WI 53707-7851  
608-266-2536  
mcdowdb@dhfs.state.wi.us

## COLLECT CALLS WILL NOT BE ACCEPTED

Vendors are expected to raise any questions, exceptions, or additions they have concerning the RFP DOCUMENT at this point in the RFP process. If a vendor discovers any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in this RFP, the vendor should notify, immediately, the above named individual of such error and request modification or clarification.

In the event that it becomes necessary to provide additional clarifying data or information, or to revise any part of this RFP, revisions/amendments and/or supplements **will be provided to all recipients of this initial RFP.**

Each proposal shall stipulate that it is predicated upon the requirements, terms, and conditions of this RFP and any supplements or revisions thereof.

Any contact with State employees concerning this RFP are prohibited, except as authorized by the RFP manager during the period from date of release of the RFP until the notice of intent to contract is released.

## V. SUBMITTAL OF APPLICATION

- 5.0 All applications must be typed, doubled-spaced and should not exceed 40 pages plus the Assurance form. Additional materials such as maps, vitae, forms or agreements may be attached as appendices, but evaluators are not required to take this material in excess of 40 pages into consideration when assigning points.
- 5.1 Vendors can submit only 1 application. Subcontractors may be identified in more than one application. For example, the Alzheimer's Association may be identified in more than one application.
- 5.2 Number of copies. The vendor must submit **seven (7)** copies of the application to the Division.
- 5.3 **Closing date.** The closing date for the receipt of all applications under this solicitation will be **April 22, 2005**. Applications may be mailed or hand delivered. An application will be accepted and considered received on time if:

- a. The application is received by the mail room (address shown below) by 4:00 p.m. CT on **Monday, April 22, 2005**

RFP Manager, Donna McDowell  
DDES  
BALTCR  
1B Mail Room  
P.O Box 7851  
MADISON WI 53707-7851

- b. The application is hand delivered to the Division of Disability and Elder Services (address shown below) by 4:00 p.m. CT **on Monday, April 22, 2005**

RFP Manager  
DDESBALTCR  
1 West Wilson Street Rm. 450  
Madison, WI 53707

**NO FAXES WILL BE ACCEPTED.**

Vendors are cautioned to allow sufficient time for delivery by the U.S. Post Office, because it can sometimes take several days to receive mail from outlying areas. Respondents/Applicants are cautioned that receipt of the RFP by the United State's Postal Service, the State of Wisconsin mail system or a commercial courier does not constitute receipt of an RFP by the Bureau of Aging and Long Term Care Resources for the purposes of this RFP. All responses to this solicitation which are received after the closing date and/or time will not be reviewed and will be returned to the respondent/applicant.

- c. **Supplemental and clarifying information.** Unless requested by the Division, no additional information will be accepted from a vendor after the deadline for submittal of applications.

## **VI. AWARDING FUNDS INFORMATION**

### **6.0 EVALUATION CRITERIA, POTENTIAL POINTS TO BE AWARDED AND PROCEDURES**

All applications received will be reviewed by an evaluation committee and ranked accordingly. The evaluation committee will evaluate all proposals against stated criteria. Applications will be reviewed and evaluated according to the following criteria.

## **MAXIMUM POINTS- 200 Points**

### **25pt Organizational Experience**

The lead agency /applicant has fully documented successful history of experience in collaborative partnering with other community agencies to deliver services and conduct community outreach to elderly persons or persons with Alzheimer's disease or other dementia. Project partner agencies have the documented successful experience, expertise and capacity to assess and/or serve people with dementia and their family caregivers to the extent required by the grant. The proposed network includes a Dementia Diagnostic Clinic that is affiliated with the University of Wisconsin's Wisconsin Alzheimer's Institute (WAI) or a comparable center of excellence in the diagnosis and treatment of Alzheimer's disease. All agencies have philosophy and experience compatible with delivering person centered care and working as a multi-disciplinary team or network. Respite service providers are able to demonstrate dementia-specific expertise and delivery of quality services to people with Alzheimer's disease and related dementia. The applicant has demonstrated competence in providing caregiver support programs and services based on one or more effective models.

### **20pt Staffing and Qualifications for Applicant Organization and Sub-Contractors**

The applicant agency is eligible as a county organization that is an Aging and Disability Resource Center, an Aging Unit or otherwise eligible as specified in 1.5 above. The application includes a partnership with a qualifying dementia diagnostic clinic. The staff person(s) to be hired and/or paid from this grant is knowledgeable about care and service for persons with dementia, assessment and diagnosis of Alzheimer's disease, is skilled in care coordination and demonstrates the capacity to collaborate with multi-disciplinary agencies. The staff person is an employee of one of the partner organizations. If staff will be newly hired as a result of the grant, provide job qualifications that will be required for hiring of project staff.

### **15pt Problem/Needs Statement**

The applicant/vendor's response shows that they have an excellent understanding of the programs and unmet needs in their community or region regarding persons with dementia and family caregivers who are under-served by public and private programs in the county or area because of their income, culture or language, geographic isolation, or barriers to service access. The proposal fully documents with statistical data, where available, the extent of the problem and fully demonstrates the inadequacy of existing programs in the project area to deal with the problems confronting persons who might have Alzheimer's disease. The applicant provides a description of the services provided by the dementia diagnostic clinic and the community service partners, and provides an accurate description of the issues related to coordination and

collaboration that pose challenges for individuals and families seeking assistance.

**15pt Purpose**

The purpose of the applicants' project is clearly stated and consistent with the purpose of the RFP. The applicant provides a description a purpose for the project that is consistent with the goals of this RFP. The applicant demonstrates an understanding of the value of early diagnosis and treatment of Alzheimer's disease, familiarity with tools for screening for AD, and makes a strong case for effective coordination and follow-up with services and supports for individuals and families. The applicant clearly explains grant funds will be used to develop Memory Care Connections in the applicants' locality. The strategies for planning, development of agreements and protocols, referral mechanisms, joint training, record-keeping, and network coordination described in the proposal are logical and appropriate responses to the description of the problems and unmet needs of the local community, county, tribe and/or region. The discussion indicates an excellent understanding of how this program will impact persons with dementia before and after diagnosis, as well as their families and potential caregivers. The applicant demonstrates a depth of current knowledgeable about the identification, treatment, management and support of dementia.

## **25pt Target Population**

The target population described in the proposal is consistent with the stated purpose of the RFP. The proposal identifies the numbers of individuals and families affected by Alzheimer's disease and other dementia that are currently served by the partnering organizations. The applicant identifies a reasonable number of new individuals to be served by the program. In the first year, and if possible in subsequent years. The applicant provides demographic information about the target population e.g. minority, rural, economic. The location of the target population should be fully described including the geographic boundaries and special characteristics of the area such as neighborhood-based service delivery, or services to particular communities or cities within the county. For example, an applicant may limit the geographic area to be served to the service area encompassed by the dementia diagnostic clinic. A single urban area may cross county boundaries. The applicant will describe how various jurisdictions will collaborate to serve the identified geographic and target population.

## **15pt Objectives**

The applicant's objectives are clearly stated, realistic, measurable and are consistent with the Problem/Needs Statement and the program requirements of this RFP. Objectives can be achieved during the grant funding period. Objectives for the first year are specific and measurable. Objectives for the second and third years may be more general at this time, but should demonstrate intended growth and development over three years.

## **30pt Methods/Work Plan**

The methods described in the proposal and work plan are related to the objectives, will facilitate the project's accomplishing what has been proposed, and are sequentially reasonable. Activities in the work plan are clearly assigned to participating entities and/or individuals. Evidence is provided that entities or individuals proposing to participate in the project are willing to commit the time and resources specified. The methods are consistent with the objectives and can be accomplished given the time frames, staffing patterns, and the budget proposed. Time frames for all tasks and activities in the work plan are appropriate to ensure that sufficient effort is planned. The methods described will assure that services are expanded or enhanced by the addition of staff, staff hours, staff wages or additional volunteers.

## **30pt Coordinated Service Delivery**

Applicant demonstrates that necessary community and/or regional agencies have been or will be involved in the planning and execution of the project to achieve a collaborative approach aimed at a coordinated program delivery system or network for persons with AD in the geographic area covered by the project. Application includes a description of how applicant will work (as

appropriate) with local, county, tribal and/or regional agencies and providers; and a detailed explanation as to how these coordination efforts will be carried out. Examples of coordination include use of common assessment tools (such as the DHFS functional screen) and the brief memory test (VFS), common referral protocols, case conferences, interdisciplinary team development of service plans, joint efforts to provide patient and public education and outreach, etc. Provide examples of how systems will interact. For example, if a physician prescribes a medication for the person with Alzheimer's disease who cannot afford the medication, the county benefit specialist will assist the individual to apply for prescription drug benefits or discounts. Another example is scheduling respite care to coincide with caregiver education programs and the provision of transportation to enable participants to use the programs.

#### **15pt Data Collection and Evaluation**

This self-evaluation should follow from the **Objectives** and **Work Plan**. The applicant will discuss criteria of measurement, which will demonstrate if the intended results have or have not been achieved. The applicant agrees to participate in reasonable data collection and evaluation established by the State

#### **10pt Budget**

The budget should be in Excel format and include a worksheet of a one-page line-item budget, a staff worksheet and, if applicable, a worksheet with a subcontractor line-item budget.

### **6.1 VENDOR RESPONSES**

Proposals submitted in reply to this RFP shall respond to the specifications stated herein. Failure to respond to the specifications may be a basis for an application being eliminated from consideration during the selection process.

In the event of an award, the contents of this RFP, (including all attachments), RFP addenda and revision and the proposal from the successful vendor(s) will become contractual obligations. The Division reserves the right to negotiate the award amount, the programmatic goals, and the budget items with the selected vendor(s) prior to entering into an agreement.

Justifiable modification may be made in the course of the agreement only through prior consultation with and written approval of the Division of Disability and Elder Services. Failure of the successful vendor to accept these obligations may result in cancellation of the award.

### **6.2 WITHDRAWAL OF APPLICATIONS**

Proposals may be withdrawn by written notice. Proposals may be withdrawn in person by the proposer or his/her authorized representative, providing his/her identity is made known and he/she signs a receipt for the proposal.



### 6.3 AWARD PROCEDURES

The Evaluation Committee's scoring will be tabulated and vendors will be ranked according to the numerical score received. The evaluation committee has the option to conduct interviews and/or on-site inspections of the top ranked proposers to include those results in the consideration of the evaluation points. Proposers may be requested to submit best and final offer. The Division Administrator will make a final decision if a contract will be awarded. The Division reserves the right to reject any or all proposals and to negotiate the award amount, authorized budget items, and specific programmatic goals with the selected vendor(s) prior to entering into an agreement.

### 6.4 NOTICE OF INTENT TO AWARD A CONTRACT

Each vendor whose proposal is reviewed by the Evaluation Committee shall receive written notice of the determination of approval or non-funding of the proposed project.

After notification of awards are made, and under the supervision of Division staff, copies of all proposals will be available for public inspection May 23, 2005. Each vendor whose project has not been approved shall be given an opportunity to discuss with the Division representative the reasons for non-funding or may write the Division representative requesting the reason for the decision.

Upon request, the Division representative will clarify non-funding reasons verbally or will respond in writing explaining the reasons for the project not being funded.

### 6.5 PUBLIC INFORMATION

It is the intention of the state to maintain an open and public process in the submission, review and approval of awards. All material submitted by vendors will be made available for public inspection after notice of intent to award or not to award a contract based on the evaluation(s) of the application which were submitted. This information will be available for public inspection, under supervision, during the hours of 9.p.m.CT to 3 p.m. CT, Monday through Friday (except holidays) until June 15, 2005 in the Bureau of Aging and Long Term Care Resources One West Wilson Street, Room 450, Madison WI. Only proposal content meeting DOA-3027 Designation of Confidential and Proprietary guidelines for trade secrets can be marked confidential. **No entire proposal submitted to the state may be marked as confidential**, and any materials so marked, by being included in the application, will be considered public information.

Evaluation tabulation and scoring by individual evaluators will also be open for public inspection, but these scores will not identify individual evaluators.

### 6.6 PROTEST/APPEAL PROCESS

Vendors can only protest or appeal violation of procedures outlined in this RFP. Ranking and scoring by the Evaluation Committee are not subject to protest or appeal. Notice of intent to protest and protests must be made in writing.

Protestors should make their protests as specific as possible and should fully identify the procedural issue being contested.

The written notice of intent to protest must be filed with the:

**Administrator of DDES  
1 West Wilson Street  
P.O. Box 7851 (DSL) or P.O. Box 8916 (DCFS)  
Madison, Wisconsin 53707-7851**

and received in that office no later than the close of business on May 9, 2005 or within five (5) working days after the notice of intent to award is postmarked, whichever is later. The written protest, fully identifying the procedural issue being contested, must be received in the Administrator's Office no later than ten (10) working days after the notice of intent to award is issued.

The decision of the DDES may be appealed to the Secretary of the Department of Health and Family Services, One West Wilson Street, Room 650, Post Office Box 7850, Madison, Wisconsin 53707 within five (5) working days of issuance, with a copy of the protest filed with the Administrator of (DSL or DCFS).

#### **6.7 ASSURANCE**

An authorized official must sign the Assurances of Compliance with the Department of Health and Family Services regulations form, and comply with all the requirements contained therein. This signed form is to be included in this section of the applicant's proposal.

## PART II

### SPECIFICATIONS AND CONTENT REQUIRED IN THE PROPOSAL

Applicants/Vendors are cautioned that in completing the following application they are to provide as complete information as possible. The only information evaluators will be given about a project is that which is contained within the proposal. For that reason, each copy must be a duplicate of the entire original, including any attachments.

This proposal is an application for funds to carry out a project for this purpose: (state purpose): \_\_\_\_\_

In order to determine the potential for a proposed project to achieve this aim, applications must fully address the program requirements and specifications that follow.

Proposals must include the following items submitted **in the order listed**.

- I. Outline and Table of Contents (checklist form attached)
- II. Application Summary
  - Section A – Agency Information
  - Section B – Budget Summary
- III. Abstract
- IV. Narrative
  - Section A - Administration
  - Section B - Program
- V. Budget
  - Section A – Budget
  - Section B – Budget Narrative
  - Section C – Detailed Budget Request Worksheet
- VI. Assurance
- VII. Appendices

## **I. OUTLINE AND TABLE OF CONTENTS (CHECK LIST)**

- \_\_\_\_\_ I **Table of Contents**
- \_\_\_\_\_ II **Application Summary**
- \_\_\_\_\_ III **Abstract**
- \_\_\_\_\_ IV **Narrative**
  - A. Administration
    - 1. Organizational Experience
    - 2. Staffing and Qualifications
  - B. Project
    - 1. Problem/Needs Assessment
    - 2. Purpose
    - 3. Target Population
    - 4. Objectives
    - 5. Methods/Work Plan
    - 6. Coordinated Service Delivery
    - 7. Data Collection and Evaluation
- \_\_\_\_\_ V **Budget**
  - A. Budget
  - B. Budget Narrative
  - C. Detailed Budget Request Worksheet

## **II. APPLICATION SUMMARY**

Complete the Application Summary following the instructions below. The Application Summary should be the second page in your proposal.

### **Section I. Agency Information**

- Item 1            Enter the Project Title
- Item 2            The "Applicant Agency" is defined as the legal entity which assumes the liability for the administration of the grant funds and is responsible to DHFS for the performance of the project activities.
- Item 3            Enter name, address, and telephone number of project director.
- Item 4            Enter name, address, and telephone number of project fiscal agent. The fiscal agent is the individual who is responsible for the receipt and administration of the project funds and for the submission of all fiscal reports to DHFS.
- Item 5            Enter the Internal Revenue Services number assigned to the agency which is responsible for the employees hired under these project funds.
- Item 6            Enter the Region and indicate the city(ies), tribe(s) county(ies) or region(s) to be served by this project.
- Item 7            Check the box which is applicable to the "Applicant Agency" entered under Item 2.
- Item 8            If all or parts of the project will be subcontracted, fill in the name(s) and address(es) of the (s).
- Item 9            Identify proposed sites (city and county). Specific addresses are unnecessary.
- Item 10           Enter the proposed dates for the project.

### **Section II - Budget Summary**

The budget summary contains the total projected costs by cost category. All figures on this form should be rounded to the nearest dollar.

- Item 11                    Enter line-item totals from the Detailed Budget Request.

- Item 12 Enter total project cost for the entire period of the project.
- Item 13 Enter the name, title, telephone number and signature of official authorized to commit applicant organization to this agreement.

## APPLICATION FOR FORMING A MEMORY CARE CONNECTIONS NETWORK

Agency Name: \_\_\_\_\_

Proposal Title: \_\_\_\_\_

Project Category: \_\_\_\_\_

Vendors are required to number all pages and to organize their application according to the following format. This form serves as a checklist of application contents and facilitates application evaluation. This form must be completed and attached to the front of the finished application.

I	Table of Contents	Page 1
II	Application Summary	Page 2
III	Abstract	Page 3
IV	Narrative	
	A. Administration	Page 4
	1. Organizational Experience	Page
	2. Staffing and Qualifications	Page
	B. Project	
	1. Problem/Needs Assessment	Page
	2. Purpose	Page
	3. Target Population	Page
	4. Objectives	Page
	5. Methods/Work Plan	Page
	6. Coordinated Service Delivery	Page
	7. Data Collection and Evaluation	Page
V	Budget	
	D. Budget	Page
	E. Budget Narrative	Page
	F. Detailed Budget Request Worksheet	Page

Wis. DHSS Form-514 (Revised 6/84)	Program: _____  Date RFP Issued: _____  Log #: _____  Project Category: _____  -
<b>II. APPLICATION SUMMARY</b>	
Section A - AGENCY INFORMATION	
1. Project Title	
2. Applicant Agency	
Street Address	City
State	Zip
3. Project Director	
Street Address	City
State	Zip
4. Fiscal Agent	
Street Address	City
State	Zip
5. Employer Identification No.	
6. Area to be served:  (a) Region _____  (b) Area Agency on Aging _____  (c) Counties or tribes served by this project:	7. Type of Agency (check one) <input type="checkbox"/> State Agency <input type="checkbox"/> Unit of Local Government (specify) _____ <input type="checkbox"/> Private, Non-Profit Agency <input type="checkbox"/> Proprietary <input type="checkbox"/> Tribal Reservation <input type="checkbox"/> Other (specify) _____
8. If project will be subcontracted, fill in name and address of sub-contractee(s).	
9. If activities are to be conducted at a site other than the Applicant Agency, indicate this in the following space. Performance Site(s):	
10. Dates of Proposed Project Period      FROM      THROUGH	



SECTION B - BUDGET SUMMARY

11. **Budget**

	June 1, 2005 through November 30, 2005	December 1, 2005 through May 30, 2006
1. Salaries	_____	_____
2. Fringe	_____	_____
3. Agency Personal Liability Insurance?	_____	_____
4. Travel	_____	_____
5. Equipment	_____	_____
6. Supplies and Operating Expenses	_____	_____
7. Contractual and Consultant Costs	_____	_____
8. Training	_____	_____
9. Advertising	_____	_____
10. Other	_____	_____
12. TOTALS	_____	_____

13. NAME, TITLE AND TELEPHONE NUMBER OF OFFICIAL AUTHORIZED TO COMMIT  
APPLICANT ORGANIZATION TO THIS AGREEMENT

Typed Name of Official

Telephone Number

Title

Signature

Date

### **III. ABSTRACT**

The abstract must be one page only. The information in the abstract should provide a brief description the project, highlighting the main points from the Detailed Budget Request and Narrative Sections of your proposal.

### **IV. NARRATIVE**

#### **A. ADMINISTRATION**

##### **1. Organizational Experience**

In this section of your proposal you are to provide a full discussion of the experience of the participating organizations that will demonstrate your capability to do this project.

The narrative should, at a minimum, include the following information:

- Provide evidence of the successful history of the lead agency/applicant as a collaborative partner with other community organizations to develop and deliver a project for elderly people, especially people with Alzheimer's disease.
- Provide evidence that project partner agencies that will form the "memory care connections" network each have successful experience, expertise and capacity to assess and/or serve people with dementia and their family members.
- Identify the Dementia Diagnostic Clinic that will participate in the project, the qualifications and affiliation with a clinical research and teaching program (e.g., WAI).
- Provide examples of how the project partners are able to collaborate to serve people with dementia (e.g., outreach, referral, patient education, etc.)
- Provide evidence of lead organization's ability to use project grant funds in a cost effective manner.
- Explain how the philosophy/mission of each organization is consistent with the values of person- and family-centered care.
- Describe the expertise of each organization in dementia care, and their approaches to respite care and caregiver support
- Discuss how and why partners and subcontractors were selected or invited to participate

##### **2. Staffing and Qualifications for Applicant Organization and/or Sub-contractor**

Provide information about the expertise and experience of staff and organizations that will participate in a significant way in this project regardless of whether they are supported with these grant funds.

The narrative should, at a minimum, include a description of:

- The lead agency current and proposed organizational structure and staffing pattern; identify staff or functions to be funded from grant.
- Subcontractors' that will be funded from grant should provide organizational charts identifying agency leadership and staff that will participate in project.
- Provide a position description for the staff person that will serve as the coordinator with responsibility to create the linkages between organizations and facilitate access for consumers/patients to the resources of the network. If the person is already employed, provide a vita or resume detailing education and experience.
- Describe the responsibilities and qualifications of all new or existing position(s) which will be involved in the project;
- If you plan to hire new staff to work in the project, describe your hiring practices which will ensure the position(s) will be filled within 6 weeks of the date of the grant award. If position(s) cannot be filled within the 6 weeks timeframe, estimate the time you will need to fill the position(s) and how the project can be implemented prior to the hiring of the new staff.
- if your project will utilize volunteers, be specific about their qualifications, roles and functions, what training will be available to them, and the method for providing supervision for the volunteers.
- Describe the education, training and experience that contributes to the capability of staff to serve persons with dementia.

In addition to the above information, your narrative must also include a description of the following:

- How do hiring or training practices improve the sensitivity and cultural competence of staff that will interact with minority populations?
- How are services such as assessment, information, outreach and other services to the public made accessible for persons that are blind or deaf and hard-of-hearing?

NOTE: If you plan to subcontract out part or your entire project, you must provide the above information for your agency and/or the subcontractor(s). Be very clear in describing and distinguishing between your agency's staff and/or the staff of the subcontractor(s).

## B. PROJECT

### 1. Problem/Needs Statement

A successful applicant will demonstrate a full understanding of the programs and unmet needs in their community or region related to persons with dementia and their families. The narrative should, at a minimum, include the services or gaps and barriers confronted by persons with dementia. A thorough description of the service network, what it offers and what improvement is needed (from a consumer perspective) will enable evaluators to understand the proposed project in context.

- A description of the process by which individuals in the county area obtain an assessment that suggests a need for diagnostic services, and assistance to obtain competent medical diagnoses.
- Treatment options presented to persons diagnosed with dementia, and mechanisms of referral to community services.
- How families and persons with Alzheimer's learn about the disease and how to live with AD
- Support for caregivers needed and what is available.
- Provide demographic data about populations at risk of Alzheimer's disease, economic and cultural barriers to diagnosis, treatment and care.
- Provide data regarding numbers of person with AD served in the current local system (at the diagnostic clinic, in home and community programs, in family caregiver support programs, etc.) including estimated wait lists for various services and programs.
- Explain how your proposal will address any of these issues, providing any data estimates of the expected impact of the project.

### 2. Purpose

The purpose of the project must be clearly stated and consistent with the purpose of the RFP. Grant funds can only be used to develop new programs or to expand/enhance a current program. The strategies described must be logical and appropriate responses to the description of the problems and unmet needs of the local community, county, tribe and/or region. The vendor must demonstrate excellent understanding of how this program will impact on target populations and/or expand/enhance current service delivery. For all target populations the vendor proposes to serve, the stated purpose of the project must show that the vendor understands the needs of these special populations and is proposing effective strategies to meet those needs.

The narrative should, at a minimum, include:

- a statement of purpose for your organizations' proposed project and how grant funds will be used to achieve the stated purpose;

- a discussion of strategies your project will use to address the problems and unmet needs you have identified; state why these strategies will be effective; discuss how you plan to overcome obstacles or barriers to service delivery; and state what you anticipate as the overall impact of your project; and
- familiarity with state of the art tools for screening for dementia, and an appreciation for the value of early diagnosis and treatment;
- an appreciation of and justification for systematic approach to effecting communication, care coordination and referral mechanisms between the major partners in the Memory Care Connection(e.g. Dementia Diagnostic Clinics, Aging and Disability Resource Centers, county aging units, Community Options Program waiver agencies, voluntary service organizations)
- identification and justification for one or more effective models of family caregiver support already employed or proposed for this project.

### **3. Target Population**

The proposed target population must be consistent with the stated purpose of the RFP. The applicant will demonstrate knowledge and understanding of the problems associated with experiencing dementia and the types of treatment and care needed. The applicant demonstrates awareness of the preferred outcomes for care and services for persons with AD. The proposal identifies how effective outreach will reach new people not already getting services locally, and proposed efforts to reach isolated, minority and other hard-to reach populations. Specific demographic information about the target population e.g., minority, American Indian, rural, low income, homebound elders will strengthen the application. The location of the target population should be fully described including the geographic boundaries and special characteristics of the area such as neighborhood-based service delivery.

The narrative should, at a minimum, include:

- a description of the target population(s) your project will serve (see above);
- the number of participants your project will serve;
- if you are expanding and/or enhancing an existing program, clearly specify the increase in participants who will be served through these grant funds; and
- describe the geographic boundaries and special characteristics in which the target population is located.

- Provide estimates of the numbers of persons who will be diverted from nursing home care through the project, or persons who may be relocated from nursing homes with appropriate home and community based services.

#### 4. Objectives

The applicants' objectives are clearly stated, realistic, measurable and are consistent with the Problem/Needs Statement and the program requirements of this RFP.

When writing narrative for this section, keep in mind that:

- planning objectives should connect with the problem/needs statement and the stated purpose of the project;
- planning objectives are also a link between the problem statement and the workplan;
- the statement of a measurable objective should describe objectives or intended results within the framework of four particular limits:
  1. **WHO** or **WHAT** you intend to affect;
  2. **IN WHAT WAY** they will be affected by fulfillment of the objective
  3. The amount of **TIME** the objective will take to achieve;
  4. A **CRITERIA OF MEASUREMENT** by which you can demonstrate that the intended results have or have not been achieved.
- components of project objectives include: 1) a description of a task or what someone will receive, 2) what activity or product will result, 3) time frame, 4) number of people or agencies to receive something, and 5) group or individual who will perform the task or be the recipient(s) of the activities or product.
- Outcomes include changes or improvements in the lives of a quantifiable number of persons with dementia or their families.
- Outcomes include changes or improvements in the delivery system that will improve outcomes for people in the future.

#### 5. Methods/Work Plan

The methods described in the proposal and work plan must be related to the objectives, must facilitate the project's accomplishing what has been proposed, and must be sequentially reasonable. The methods described must assure that services are expanded or enhanced by the addition of staff, staff hours, staff wages or additional volunteers. Activities in the work plan are to be clearly assigned to participating entities or personnel. The methods must be consistent with the objectives and can be accomplished given the time frames, staffing

patterns, and the budget proposed. Time frames for all tasks and activities in the work plan must be appropriate to ensure that sufficient effort is planned.

When writing narrative for this section, keep in mind that:

- a method or work plan describes the means used to implement the objective -- your method/work plan must detail tasks, activities and procedures in a logical progression that will be used to achieve the objective;
- your method/work plan must include the assignment of responsibility to specific partners and the timetable for each task or activity to be started and to be completed; and
- you must state who will be responsible for providing supervision to ensure tasks/activities are completed.

[The form on the next page may be used to display your objectives and work plan.)

## PROJECT OBJECTIVES, TASKS AND ACTIVITIES WORKPLAN

PROJECT OBJECTIVE: \_\_\_\_\_

	WORKPLAN		
TASKS/ACTIVITIES	Timeframe (include start date and completion date unless task is on-going)	Responsible Party	Expected outcome



## 6. Coordinated Service Delivery

Necessary local, county and/or regional agencies must be involved in the planning and execution of the project to achieve a collaborative approach aimed at a coordinated program delivery system for persons with dementia in the geographic area covered by the project. The application must include letters of cooperation or inter-agency agreements from all agencies whose involvement is essential for the success of the project.

The narrative should, at a minimum, include:

- a description of how applicant will work (as appropriate) with Dementia Diagnostic Clinics and other local, county, tribal and/or regional agencies and providers;
- a detailed explanation as to how these coordination efforts will relate to your proposal; and
- a description of the person(s) responsible for clinical coordination that enables persons who apply to the Dementia Diagnostic clinic for screening will get follow-along services from county and voluntary organizations before and after diagnosis.
- A description of how training will be provided to participating organizations regarding memory screening and assessment tools, and outcome-based care planning tools.
- A description of how persons with AD will be assisted to apply for public benefits and programs which might assist in paying for prescription medicines or services prescribed by physicians.
- A description of how vital records and information can be shared among participating agencies as needed within full HIPPA compliance.

## 7. Data Collection and Evaluation

This self-evaluation should follow from the **OBJECTIVES** and **WORK PLAN** and should discuss how you plan to evaluate your project.

The narrative should, at a minimum, include:

- What types of data, in addition to any required by the state, does your project intend to collect for purposes of quality improvement and evaluation? Who will be responsible for collecting and analyzing the data; and,
- Who will be responsible for supervising the data collection and evaluation and for taking corrective actions based on the results of the self-evaluation

## V. BUDGET

### A. Budget

Format Requirements: The budget should be in Excel format and include a worksheet of a one-page line-item budget, a staff worksheet and, if applicable, a worksheet with a subcontractor line-item budget. The computer file should be entitled "Budget-Proposer's Name."

A separate set of budgets, i.e., applicant line-item budget, staff worksheet, and subcontractor budget, should be submitted for Year 1 and year 2 of the grant period. The narrative should describe anticipated budget changes for Year 3.

**Line-Item Budget.** Applicants are encouraged to use the format below for the one-page line-item budget worksheet. Some line items may not be applicable to all applicants.

**Staff.** The second worksheet should show the calculations for personnel. It should show the name (if known), position, base salary, % time, and fringe benefits of all agency project personnel. Fringe benefits should be calculated utilizing the applicant's current rate.

**Subcontracts.** If the applicant plans to subcontract, to the degree that the applicant has the necessary information, a third worksheet should be included that shows the subcontractor budget. It should follow the general guidelines of the sample line-item budget below.

#### **Line Budget: Include the following information**

Budget Period: Year 1 (Beginning Date and End Date)

- I. PERSONNEL (show specifics on staff worksheet)  
Name, Position, Base Salary, % Time, Fringe Benefits, Personnel Subtotal
- II. OTHER COSTS
  - a. Office Operations
  - b. Space
  - c. Telecommunications
  - d. Travel
  - e. Meetings
  - f. Training
  - g. Other costs (identify)
- III. SUBCONTRACT(S)
- IV. TOTAL I – IV

## B. Budget Narrative

Format Requirements: Although information to justify a line item (such as job descriptions for personnel) might be contained within the proposal, a separate and complete justification for each line item must be provided in the budget narrative. An electronic file with the budget narrative should be submitted and entitled "Budget Narrative-Proposer's Name."

Budget Narrative Guidelines: The budget narrative should include the following information for each line item:

- Description of the specific item (What is it?)
- Description of how the specific item relates to the proposal (Why is this item needed to fulfill the proposal objectives?)

### Personnel

In addition to the information required on the line-item budget (base salary, percentage of time, etc.), describe the activities of each person as they relate to the proposal. Fringe benefits should be calculated utilizing your agency's current rate.

### Other Costs

- a. Office Operations: Specify the projected expense for office items and materials such as telephone, printing, office furniture, etc. Indicate in-kind if not charged to grant
- b. Leased Space: Indicate if space is for public use or office use and where it is located.
- c. Staff Travel: The following information should be provided:
  - Who is traveling
  - Purpose of travel
  - Destination(s)
  - Basis for calculation (i.e., estimated number of miles traveled (x) mileage reimbursement rate)
- d. Other costs: The following information should be provided:
  - The nature of the planned expenditure and the purpose of the cost
  - If indirect costs (administrative and operational expenses not related to the aforementioned categories) are included, the amount should not exceed 9% of the sum of personnel and other direct costs.

### Subcontracts

For each proposed subcontract, the following information should be provided:

- The scope of services to be provided
- Why the subcontract is necessary to fulfill the project objectives
- The basis for calculating the requested amount
- If the information is available during budget development time, a line-item budget, budget narrative, and scope of services for the actual contract

Note: The prime contractor is responsible for contract performance when subcontractors are used. However, when subcontractors are used, they must abide by all terms and conditions of the contract.

The Department should not be named as a party to a subcontract. The contractor maintains fiscal responsibility for its contracts, which includes reporting expenses associated with the subcontract to the Department.

Finalized subcontracts must be approved by the Department prior to the Department issuing payment against them.

The State of Wisconsin is committed to the promotion of minority business in the state's purchasing program and a goal of placing 5% of its total purchasing dollars with certified minority businesses. Authority for this program is found in ss. 15.107(2), 16.75(4), 16.75(5) and 560.036(2), Wisconsin Statutes.

The State of Wisconsin policy provides that minority-owned business enterprises certified by the Wisconsin Department of Commerce, Bureau of Minority Business Development should have the maximum opportunity to participate in the performance of its contracts. The supplier/contractor is strongly urged to use due diligence to further this policy by awarding subcontracts to minority-owned business enterprises or by using such enterprises to provide goods and services incidental to this agreement, with a goal of awarding at least 5% of the contract price to such enterprises.

A listing of certified minority businesses, as well as the services they provide, is available from the Department of Administration, Office of the Minority Business Program, 608/267-7806. The listing is published on the Internet at: <http://www.doa.state.wi.us/dsas/mbe/index.asp>.

C. DETAILED BUDGET REQUEST- Period:

PROGRAM

1. Personnel

Title of Position	% of time	Hr. rate	Hrs per month	# of months budgeted	Total cost
		\$			\$
		\$			\$
		\$			\$
		\$			\$

Total Salary \$ \_\_\_\_\_

2. Fringe Benefits for Project Personnel (Employers FICA: Employees Insurance)  
( \_\_\_\_\_ %) \$ \_\_\_\_\_
3. Agency Personal Liability Insurance  
a. Professional Staff \$ \_\_\_\_\_
4. Travel  
a. Professional Staff \$ \_\_\_\_\_  
b. Volunteer Workers \$ \_\_\_\_\_
5. Equipment (attach separate sheet detailing) \$ \_\_\_\_\_
6. Supplies and Operating Expenses (attach a separate sheet detailing) \$ \_\_\_\_\_
7. Contractual and Consultant Costs (attach a separate sheet detailing) \$ \_\_\_\_\_
8. Training for Paid and Volunteer Workers: \$ \_\_\_\_\_
9. Advertising \$ \_\_\_\_\_
10. Other Expenses (attach a separate sheet detailing) \$ \_\_\_\_\_
11. TOTALS (lines 1 through 10) \$ \_\_\_\_\_

NOTE: BUDGET DETAIL IS TO BE PROVIDED IN THE BUDGET AND BUDGET NARRATIVE FOR (4) TRAVEL, (5) EQUIPMENT, (6) SUPPLIES, ETC., (7) CONTRACTUAL AND CONSULTANT COSTS, AND (10) OTHER EXPENSES.

**ASSURANCES OF COMPLIANCE WITH  
DEPARTMENT OF HEALTH AND FAMILY SERVICES REGULATIONS**

(Completion of this form is consistent with the intent of Title VI, Civil Right Act & 45 CFR Part 80)

\_\_\_\_\_  
(Name of Applicant) (hereinafter called the "Applicant")  
**HEREBY AGREES THAT** it will comply with the following assurances:

The undersigned possesses legal authority and capacity to enter into this contract and a motion has been duly passed as an official act of the governing body of the application, authorizing the execution of this agreement, including all understandings and all assurances contained therein, and authorizing the person identified as the official representative for the Applicant to act in connection with the Applicant and to provide such additional information as may be required.

The Applicant agrees that (a) funds granted as a result of this request are to be expended for the purposes set forth in this application and in accordance with all applicable laws, regulations, policies and procedures of the State of Wisconsin or the Federal Funding Agency, as applicable; (b) no expenditures will be eligible for inclusion if occurring prior to the effective date of the grant; funds awarded by the Wisconsin Department of Health and Family Services may be terminated at any time for violation of any terms and requirements of this agreement.

The Applicant ensures compliance with the Title VI of the Civil Rights Act of 1964 (P.L. 88-342), and all requirements imposed by or pursuant to the regulations of the Department of Health and Human Services (45 CFR Part 80) issued pursuant to that title. To that end, and in accordance with Title VI of that act and the regulations, no person in the United States shall, on the grounds of race, color or national origin, be excluded from participating in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity in which the designated agency received federal assistance, or financial assistance from the Department; and **HEREBY GIVES ASSURANCE THAT** it will immediately take any measures necessary to effectuate this agreement.

The Applicant ensures compliance with Title IX of the Education Amendment of 1972 which state that no person in the United States shall, on the basis of sex, be excluded from participating in, be denied the benefit of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives or benefits from Federal financial assistance.

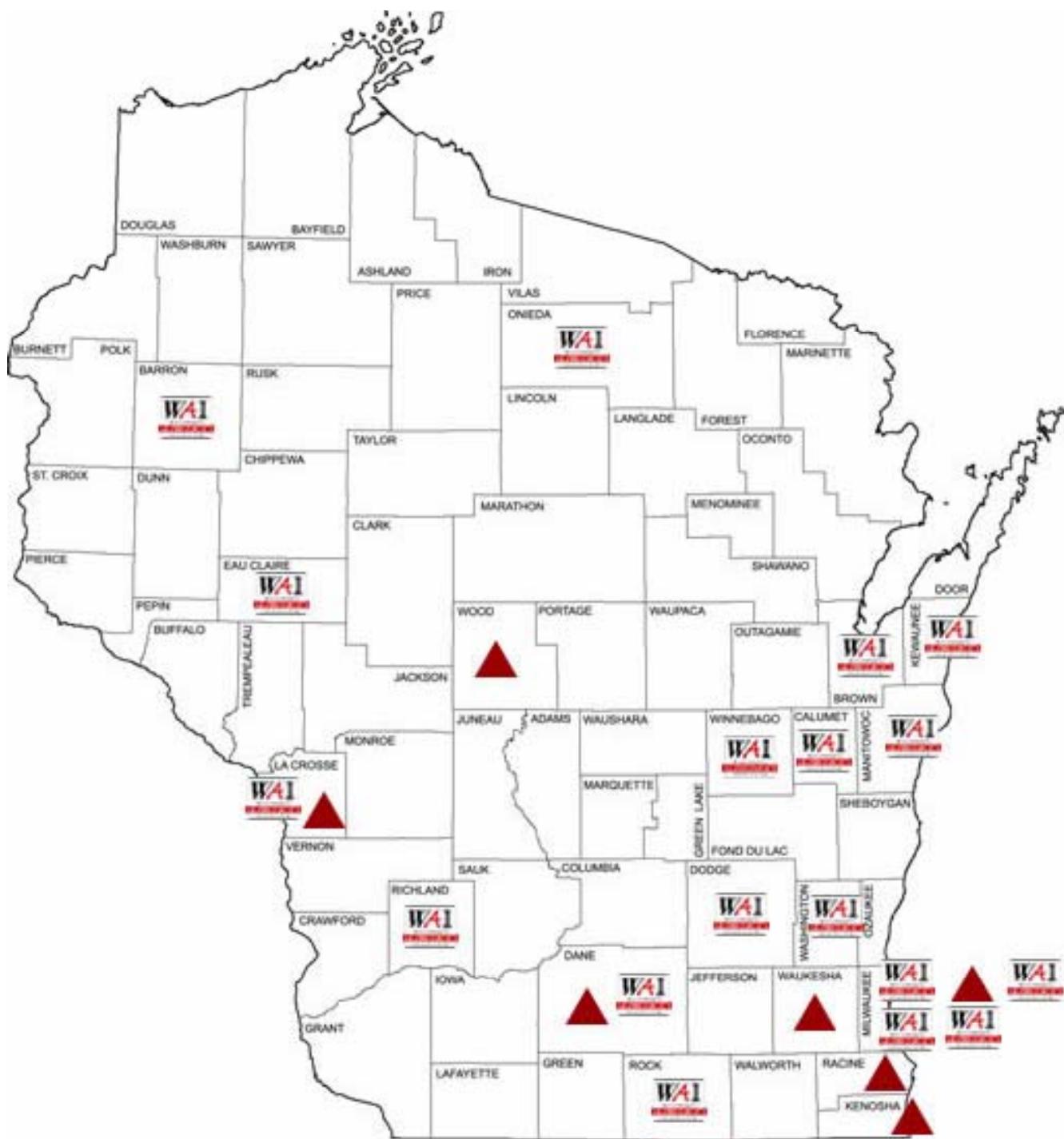
The Applicant shall comply with Section 504, Rehabilitation Act of 1973 which prohibits discrimination on the basis of a physical condition or handicap and the Age Discrimination Act of 1975 which prohibits discrimination because of age.

The Applicant shall ensure the establishment of safeguards to prevent employees, consultants, or members of governing bodies from using their position for purpose that are, or give the appearance of being, motivated by a desire for private gain for themselves or others, such as those with whom they have family, business, or other ties as specified in Wisconsin Statutes 946.10 and 946.13.

Date \_\_\_\_\_, 20\_\_ Applicant \_\_\_\_\_

By \_\_\_\_\_  
Director, Chairman of Board or Comparable Authorized Official

## APPENDIX A DEMENTIA DIAGNOSTIC CLINICS



WAI – Affiliated with Wisconsin Alzheimer's Institute



– Independent